



CITY OF REDMOND

Permit Center

15670 NE 85th Street
Redmond, WA 98052
(425) 556-2473
www.redmond.gov

FOR STAFF USE ONLY

Development #: _____ Date: _____
Project #: _____ App Expires: _____
Permit: _____ Accepted by: _____
Type: _____ Payment method: _____

Commercial/Multi-Family Permit Application

Application and plans must be complete in order to be accepted for plan review.

Project Name/Tenant:		*Value of Construction:	
Site Address:		Tax Parcel Number:	
General Location:		Bldg, Unit, Suite Designation:	
Contact Person:		Phone:	
Mailing Address:	City State/Zip:	Fax #:	
Firm or Company Name:		E-Mail Address:	
Contractor:		Phone:	
Mailing Address:	City State/Zip:	Fax #:	
State Contractor's License #:	Expiration Date:	City of Redmond Business License #:	
Design Professional:		Phone:	
Mailing Address:	City State/Zip:	Fax #:	
Firm or Company Name:		E-Mail Address:	
Property Owner:		Phone:	
Mailing Address:	City State/Zip:	Fax #:	
Lender Name:		Phone:	
Mailing Address:	City State/Zip:	Fax #:	
Description of work to be done (Please be specific): _____ _____ _____ _____ _____			
Construction Type of Building 2003 IBC: <input type="checkbox"/> Type I A <input type="checkbox"/> Type II A <input type="checkbox"/> Type III A <input type="checkbox"/> Type IV <input type="checkbox"/> Type V A <input type="checkbox"/> Other _____ <input type="checkbox"/> Type I B <input type="checkbox"/> Type II B <input type="checkbox"/> Type III B <input type="checkbox"/> Type V B USE OR OCCUPANCY TYPE(S): _____			Number of New Dwelling Units: _____ _____
Total Area of Construction (Sq. Ft.): _____			
Building Square Footage (new): _____		(existing): _____	(total): _____
Number of Stories (new): _____		(existing): _____	(total): _____

IBC Sprinkler Substitutions:

- ☐ Area Increase ☐ Story Increase ☐ One-Hour Construction
☐ Unlimited Area ☐ Height Increase ☐ Quick Response Sprinkler Heads ☐ Other _____

Will there be a Change of Building Code Use? ☐ Yes ☐ No

If Yes, State Existing Use(s): _____ **Proposed Use(s):** _____

Type of Work:

- ☐ New Commercial Building ☐ Commercial Addition ☐ Tenant Improvement ☐ Rack Storage ☐ Other _____
☐ New Multi-Family Building ☐ Multi-Family Addition ☐ Multi-Family Alteration ☐ Reroofing

Planning Department Information: (If Yes - Describe Below)

- | | | | |
|---|------------------------------|---|------------------------------|
| 1. Exterior Modifications to Building? | <input type="checkbox"/> Yes | 6. Tree Removal Proposed? | <input type="checkbox"/> Yes |
| 2. Change of Land Use? (RCDG) | <input type="checkbox"/> Yes | 7. Mechanical Equipment Proposed? | <input type="checkbox"/> Yes |
| 3. Sensitive Areas On or Near Site? | <input type="checkbox"/> Yes | 8. Additional Building Square Footage Proposed? | <input type="checkbox"/> Yes |
| 4. Is Permit a PRD / MPRD / PCD / MPCD? | <input type="checkbox"/> Yes | 9. Change in Number of Existing Parking Stalls? | <input type="checkbox"/> Yes |
| 5. Building Generates Noise Above 35 dBA? | <input type="checkbox"/> Yes | 10. Reducing Landscaping Square Footage Proposed? | <input type="checkbox"/> Yes |
| | | 11. Reroofing | <input type="checkbox"/> Yes |

Item # & Description: _____

Fire Department Information: (If Yes - Describe Below)

- | | | | |
|----------------------------------|--|--|------------------------------|
| 1. Automatic Sprinkler System? | <input type="checkbox"/> Yes | 6. UPS or Storage Battery System? | <input type="checkbox"/> Yes |
| 2. Automatic Fire Alarm System? | <input type="checkbox"/> Yes | 7. Flammable/Combustible Materials in Building? | <input type="checkbox"/> Yes |
| 3. Standpipe System? | <input type="checkbox"/> Yes | 8. Hazardous Materials in Building? | <input type="checkbox"/> Yes |
| 4. Other Fire Protection System? | <input type="checkbox"/> Yes | 9. Hazardous Materials Management Plan Required? | <input type="checkbox"/> Yes |
| 5. High Pile or Rack Storage? | <input type="checkbox"/> Yes (Provide Rack LF _____ & Rack Height _____) | | |

Item # & Description: _____

Notes:

#6 - Provide information on the quantity of battery electrolyte (if quantity equals or exceeds 100 gallons **UFC Article 64** shall apply).
#7 & 8 - If flammable/combustible or hazardous materials are used or stored in the building, provide a **Hazardous Materials Management Inventory and a Hazardous Materials Management Plan** (Provide copies of all Material Safety Data Sheets)

***Value of Construction** – The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire-extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work or permanent equipment, not including furnishings. The Building Official shall make the final determination of the value of construction as specified in Section 108.3 of the International Building Code.

Expiration of Plan Review - Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 90-day extension to the Plan Review time as specified in Section 105.3.2 of the International Building Code. No application shall be extended for a period of more than 90 days.

Building Owner or Authorized Agent:

Signature: _____ **Print Name:** _____ **Date:** _____

Please visit our web site at: <http://www.redmond.gov/insidcityhall/planning/planning.asp>